


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION 2002 UBR				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000097234					
1. Corporation Name GLOBAL NETWORK SYSTEMS, INC.					
2. Principal Office Address 276 BAL BAY DRIVE			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State BAL HARBOUR, FL			City & State		
Zip 33154	Country US	Zip	Country		

FILED

02 MAR 12 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

4. Date incorporated or Qualified To Do Business in Florida 10-16-2000	
5. FEI Number 65-1115531	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name ZION DAHARI			
Street Address (P.O. Box Number is Not Acceptable) 276 BAL BAY DRIVE		100005190961-1 -04/04/02--01022--015 ****150.00 ****190.00	
Suite, Apt. #, Etc.			
City BAL HARBOUR	State FL	Zip Code 33154	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Zion Dahari **Date** 3-6-2002
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, D	ZION DAHARI	276 BAL BAY DRIVE	BAL HARBOUR, FL 33154
D	RON COLLINS	10250 COLLINS AVE PH-2	BAL HARBOUR, FL 33154

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Zion Dahari **3-6-2002** **305.450.9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**